

## Medicine in the Public Press

**Board of Medical Examiners Endorse Doctors' College Bill**—In a report to the Governor, a committee of the Board of Medical Examiners endorse the principles contained in Senate Bill 364, known as the medical college bill, introduced by the League for the Conservation of Public Health in the 1921 Legislature. That bill passed the Senate by an overwhelming majority, and was delayed and obstructed by a hostile committee in the Assembly, to which it was referred. It will be reintroduced at the next Legislature, and the strong and united support of the Board of Medical Examiners will be of help in securing its passage.

We hope, in the interest of public health, that Governor Richardson, who was not in office when the bill was before the Legislature, will endorse the recommendation contained in the official board's report, and lend his support to a movement that strikes at the source of legalized quackery in California.

**'Those "Controlled Surgeons" Again**—We revert again to Mr. William G. Shepherd's article in Harper's Magazine about "controlled surgeons" who are out to save the public from incompetent and dishonest surgeons and whose names he could not give to the public because of their alleged ethics, supported by an oath "on the honor of a gentleman," that they would not utilize personal puffery to gain their ends. Three prominent members of the organization excepted by Mr. Shepherd in his drastic arraignment of the medical profession were in Vancouver recently on their way to the Orient. The Vancouver Sun, among other encomiums about these "controlled surgeons," says:

Dr. William James Mayo is one of the renowned Mayo brothers whose outstanding work in the surgical world has made their clinic at Rochester, Minnesota, known the world over. In 1915, in conjunction with his brother, Dr. Charles Horace Mayo, he donated the sum of \$2,000,000 to establish the Mayo Foundation for Medical Education and Research at Rochester, in affiliation with the University of Minnesota. Dr. W. J. Mayo was born at Le Sueur, Minn., June 29, 1861, and gained his M. D. at the University of Michigan in 1883, later being awarded the A. M. degree. In 1905, at Edinburgh, he was made a Fellow of the Royal College of Surgeons. Other degrees held by Dr. W. J. Mayo and the year in which they were granted are LL. D., University of Toronto, 1906; University of Maryland, 1907; University of Pennsylvania, 1912; D. Sc., University of Michigan, 1908; Columbia, 1910; F. R. C. S., England, 1913; Ireland, 1921.

Dr. Franklin H. Martin, director-general of the American College of Surgeons, is also a distinguished man in his profession. His research work has been of great value to the medical world. Dr. Richard H. Harte is also widely known and has contributed many valuable works to the world of medical science. He is the author of the "Handbook of Local Therapeutics." During the Great War Dr. Harte distinguished himself serving overseas, and his work received much recognition from allied nations. He was mentioned in the dispatches of General Haig and received the British Order of St. George and St. Michael. Dr. Harte was made a "Companion of the Order of Leopold" by the King of Belgium, and "for conspicuous service rendered to the British Expeditionary Force" was made a Fellow of the Royal College of Surgeons, Ireland.

This intimate and probably accurate biographical data has earmarks familiar at least to all men engaged in any way in publicity, and its source probably will not be misunderstood by many intelligent readers. This memorandum is not intended as an arraignment of these prominent men for their newspaper publicity. They are all excellent and prominent physicians. What we would like to know is, have these men lived up to the standards Mr. Shepherd says these "controlled surgeons" are sworn to sustain?

**Reptiles and Angels**—Doctor, some evening when you are too tired to talk, gently remove your telephone receiver, get into a semi-reclining position, light a good cigar, pick up your March Atlantic and read Mr. Charles D. Stewart's delightful article with

the above title. A copy of this article would save you many wearing explanations, and be good medicine for some of your more intelligent "heart cases."

**Does This Apply in California?**—Under a medical slang title of "The Challenge of the Chronic Patient" (Survey) a writer, in discussing the present service being rendered to patients suffering with chronic diseases, says: "A recent survey of the leading institutions for chronic patients, most of which call themselves homes for incurables, shows that almost without exception the scientific study of disease is ignored, and even the importance of medical treatment is minimized. Apparently, these institutions work on the principle that their patients are incurable, beyond all hope of even partial rehabilitation, and that their sole function is the maintenance of a home where such unfortunates may linger until they die.

"... It is not only the individual who suffers from this neglect. Many inmates of almshouses remain public pensioners for years. They are accepted as human derelicts who, to appease the rudimentary public conscience, must be supported and maintained, preferably where they will not be seen, until death relieves them and the taxpayer from further worry and responsibility. Yet many of them, if they were to get a fighting chance, could be rehabilitated and returned as useful members of the community."

**Selma School Nurse's Report Contains Interesting Features**—The nurse says in her medical report that all children have been weighed and "it was gratifying to find that many of the children have gained since last weighing. . . . Four children have been taken to doctors, ten to the optometrist, and one sent to the dentist."

**Is the Quality of Medical Practice Improving?**—"In spite of the attainments of preventive medicine," says Hospital Social Service editorially, "the vast majority of people of New York State and an enormous percentage of the people of the United States, over 90 per cent probably, have, to a large extent, the same kind of medical service, or in many instances a poorer quality of medical service than they had twenty-five or thirty years ago. Even where public health agencies are thickest, an all-round preventive service is not universal in any given unit of population. Certain sanitary and isolation laws are the only health measures which affect every member of a given community. Other health measures such as work with malnourished children, maternity care, and even tuberculosis clinics are sporadic, affect only a limited clientele and, however sensitive, do not reach all the people who might benefit by them."

**And I Learned My Medicine from Her**—A new idea in diet has recently been promulgated by a dietetic "savant." It is to the effect that a person's temperament is made and changed at will by the effects of vegetables. Potatoes, it is said, "balance the mind and calm it." Carrots are excellent antidotes against jealousy; spinach speeds up ambition; beans develop the artistic sense; parsley produces sadness; but the good old-fashioned baked beans stimulate the desire for work. A wag has said that this savant's findings for the first time explain why the Irish race have such calm temperaments. To secure all of these results, the patient must plant, cultivate and harvest the vegetables with his own hands, and for that statement, we will forgive his dreamings.

**Reaction Against School Authorities Practicing Dentistry**—From New York and several other centers, the practice of dentistry by boards of education is being severely criticized and in some places stopped altogether. The charge is being made that schools have no more business practicing dentistry or medicine—they are doing both—than they have to practice law or engineering. It is not understood

that there is opposition to the movement for good dentistry for school children as well as for all other persons, nor is their criticism of legitimate movements to insure free dental work for those who can't pay for it. The main point in the opposition that is cropping out in many places is against this work being done under boards of education, and in some places, it is said, by inadequately educated technicians.

**Back to States' Rights!**—A call for release from Federal interference in local affairs and for relief from Federal taxes that amount to five times those that the States collect. Physicians who care to interest themselves in the ever-broadening field of governmental interference in private business, and who are opposed to State medicine as they are opposed to governmental operation of other businesses are invited to read an article under the above title by Governor Ritchie of Maryland, in the March number of *World's Work*. Governor Ritchie shows that the enormous Federal taxes we now pay are only in their infancy if Federal subsidies to States for this or that purpose are continued. Legislation of this character is before Congress now.

**San Diego Has Eleven New Sheppard-Towner Health Centers**—A Sheppard-Towner nurse of San Diego reports the establishment of eleven new health centers. According to local reports, "San Diego county is one of the five very fortunate counties in California to have a Sheppard-Towner nurse, whose work is that of general health supervision of children during the impressionable pre-school age covering the period from birth to six years, inclusive."

**Wheat Valorization of Medical Fees**—"In view of the fluctuation of the Hungarian currency, the medical profession has been obliged to raise fees almost from week to week," according to the Budapest correspondent of the *Journal of the American Medical Association*. "Although the increase has never corresponded to the depreciation of the currency, and, in fact, medical fees are the only ones in Hungary which do not reach the so-called gold parity, yet the general press has commented on the raise of medical fees as inhuman and not worthy of the medical profession. Some medical journals even have had disputes with the lay press on this subject; but, judging from the correspondence addressed to the journals, it seems that the general public believes that the physician should be satisfied with only half pay for his work, the other half being taken out in love for his work. These discussions have led some branches of the National Medical Association to introduce the wheat valorization: a medical consultation is priced at the value of 5 kg. of wheat. The fees paid at present not being equivalent to 2 kg. of wheat, the increase is considerable; but, even so, it is only half of the pre-war fees, the price of a medical consultation being then at least 2 kronen (40 cents), the value of at least 10 kg. of wheat. The board of the association has stated that, in accordance with its well-known altruism, officials and private clerks are made exceptions to the rule, and will pay according to their financial means."

**The Blood "Donor" Problem**—The frequent legal complications connected with the transfusion of blood and the "news value" so frequently attached to one phase or another of the problem warrants consideration of the whole question as of the first importance professionally, and from an economic standpoint.

Most of the economic problem centers in the rights of "donors." These people often claim about all the injuries to their health by the removal of small amounts of blood that one could bring about with an ax. Often courts sustain them in their claims. Sometimes there are unavoidable accidents, even in the hands of experienced physicians, and it does appear that occasionally an operator is incompetent.

In all such instances, it is perfectly proper that responsibility be fixed and reparation made by reasonable compensation. This is a matter easily cared for by insurance and all physicians, and hospitals should see that their policies protect them in this field. The "donor" also should be protected by special insurance provisions, in addition to any protection they may have under the industrial accident law.

It is a well-known fact that safe "blood grouping" between "donor" and patient should be made and recorded before any transfusion is given. Physicians have been convicted upon evidence of their colleagues for unfavorable results where this procedure was not adequately followed. There is no excuse in law or ethics for such carelessness, and it is doubtful if insurance protection could be secured which would protect against it. Criminal liability has been established in some cases of this kind.

**Treating the Ambulatory Sick in New York City**—The annual report of the United Hospital Fund of New York shows that the 225 "free" and "part pay" clinics of the city treated 1,250,000 citizens during the year, or about one-fifth of the entire population. The amount collected from the patients is not given, but some 3000 physicians were the only ones who rendered their services free. Basing the costs of these services upon the average costs worked out by other clinics, they cost someone at least \$2,000,000. Based also upon average statistics, at least half and probably more was paid for by the patients in small fees. Some very interesting figures are being collected here and there as to the funds being collected from patients by health centers and clinics. We will have more to say about these from time to time.

**Modesto Handles Diphtheria Immunization in a Commendable Manner**—Modesto, like other communities, has the problem of protecting its young inhabitants against the epidemic of diphtheria. J. W. Morgan, the city health officer, took charge of the educational publicity, and secured an appropriation from the city authorities to purchase the materials. He then made arrangements with the physicians of the community to give the complete immunization to all comers at the nominal charge of \$3 per patient. Citizens able to do so pay their own doctors, and those unable to pay were allowed to go to the doctor of their choice, and the city paid the \$3 to the doctor.

Many cities and other communities in Eastern States follow this method for diphtheria and other medical services, but it's rare enough to comment upon in California. Here we establish special "clinics" with all the fuss and "labeling" of the poor to render this and other simple services which all physicians are prepared to render in the offices.

**Medical Examinations by Family Physicians**—Since our articles upon the subject of who is competent to make medical diagnosis began to appear, our correspondents report from several places in California a tendency to give an educated physician's opinion precedence over scales, measuring rods, and the new ouija diagnostic board, patented by a Government bureau. In other places, the comparisons are still made between the reliability of the doctor and the ouija board or scales in distinguishing between health and disease.

In Fresno, Miss Lillian Dahlgren, nutrition specialist, emphasizes the willingness of the doctors to examine children who come to them in their offices, and they have examined many. The mechanical diagnostic devices are still maintained also, and their readings apparently interpreted and accepted without physician's examinations in many instances. We presume that physicians furnished the data for that part of the report which says: "Examination of the children has revealed that three-fourths have carious teeth, diseased tonsils and adenoids, enlarged glands of the neck, round shoulders, flat chests, anaemia or

lowered body temperature. Many have serious defects of vision and ear diseases."

**The Department of Agriculture Clinics**—The department of agriculture does not propose to be behind the Department of Labor or any of the other numerous departments at Washington, who are practicing medicine by mail. Like the others, they have the great Government printing plant at their call. They have mail-franking privileges, and their clerks are as competent to give medical advice as are those of the other political bureaus. One of their recent expensive health sermons by mail told the world that a soup of chopped creamed lettuce, spinach, and cabbage was desirable for children because it contained vitamins, and that the addition of a little onion would add flavor plus more vitamins.

Now, isn't that interesting and illuminating? It sounds like the action of another department that started out to equip all mail-delivery wagons with scales to weigh all the babies with. This policy of more medicine in government and more government in medicine is still popular—at Washington.

**San Luis Obispo Vaccination Clinic**—The clinic operated by the San Luis Obispo health board has succeeded in vaccinating 229 persons during the period of its existence. The work was performed for persons in all walks of life free. It is said that most of the citizens went to their family doctors for vaccination, and that those who were able to do so paid for the service, and that others had it for nothing.

**Schools' Responsibility for Child Welfare Repudiated**—In a recent address, Edward I. Cook, professor of social science of the Junior College of Sacramento, is quoted as having said that "there has been a tendency of late to shift more and more responsibility for school children upon the shoulders of school officials. This is unjust. Taxpayers and others who should be interested in the welfare of children pay little or no attention to them. When an occasion arises in which the children's actions are criticized, the school officials are blamed for it."

"It is up both to the college and to the citizens of the city," said the speaker, "to teach students the duties of citizenship. We must teach them, by example, the road to good citizenship, and not merely hand out a prescription by which it may be attained."

Some of these days when educational leaders, less far-seeing than Cook, realize the trouble they have invited and the dangers it is bringing to the worthy cause of education, they will be glad to shift more responsibility back to parents from whom their propaganda has wrested it. They will be glad to ask the family physician to again assume the duties and responsibilities of health advice; and possibly the movement in some States to wrest spiritual development from its traditional position may be arrested.

**The High Cost of Wasting**—Ida Clyde Clarke (editorial, Pictorial Review) calls us a nation of wasters. We waste our time and our energy and our talents and our money, and, above all, we waste our power. We have enough organizations and enough professional reformers and enough people with the instinct for reform to clean up the country generally, if we really wanted to do it. But the trouble is we are not interested in concrete reforms. We don't want to see the end. We seem to be afraid of finishing things. We like the all-day-sucker variety of reform. We will work in a frenzy of zeal for anything that is intangible and afar off. Such loose terms as "Americanism" and "welfare" are music to our ears, and we simply adore the very thought of "standardization." Many of our great "movements" sweep majestically on toward nothing. Yet in spite of this we fall into line quite readily with every new idea that is suggested.

## Medical School News

**Stanford University School of Medicine** (reported by W. Ophuls, dean)—The Medical Faculty has reorganized its schedule in such a way as to reduce the required hours to the minimum required by the laws of the State of California, which is 4000 for the instruction in the first four years in medicine. Three thousand eight hundred hours of this will be prescribed, leaving 200 hours for elective work. It is hoped that in the course of time the amount of elective work can still be further increased.

It has been pointed out frequently that, although physicians naturally should be leaders in public health movements, very little if any attempt is made to teach the students in medical schools personal hygiene and supervise their activities in such a way as to keep them in good health and physically fit. In order to overcome this just criticism, the Medical Faculty has decided to appoint a physical adviser to the medical students at the Medical School in San Francisco, who will take a personal interest in them and will encourage them to take the necessary amount of physical exercise in one form or another.

There has been a good deal of complaint in and outside of medical schools that there is a large amount of duplication in the different courses that make up the medical curriculum. There is no question that this is one of the causes of the overburdening of the medical students with required work. In order to obtain accurate data as to the actual state of affairs, the Medical Faculty has appointed a committee on correlation of courses, who have been asked to study the situation and make a thorough report with suggestions for improvement.

**Changes in Faculties**—E. B. Towne was promoted from the rank of Assistant Professor of Surgery to the rank of Associate Professor of Surgery, and Jean Oliver was promoted from the rank of Associate Professor of Pathology to that of full Professor of Pathology, these promotions to take effect with the beginning of the new college year, on September 1.

George de F. Barnett, who has been in private practice at Palo Alto for several years, has been recalled to the Medical School as Associate Professor of Medicine. Professor Barnett will devote most of his time to our medical service at the San Francisco Hospital.

Mr. Maurice L. Tainter has been promoted from assistant in Pharmacology to instructor in Pharmacology.

**Health Insurance in Colleges**—"The idea of health insurance, bordering on the old 'lodge practice idea,' has invaded the campus at the University of California, American Medicine recently pointed out," says the Ohio State Medical Journal editorially.

"This great American university with 'no tuition fees, but certain small incidental fees,' exacts from the student a 'fee' for both the sick and the well.

"Each student is required to pay \$6 annually. This sum is the premium charged for health insurance, not 'only entitling one to examination, but to full care of his health for that period.'

"It is further shown that there are between seven thousand and eight thousand students at the university who pay the fee. It is estimated that the revenue is about \$42,000, which goes to maintain a small hospital and staff of physicians.

"It comes as a surprise that such an institution as the University of California would foster such paternalistic measures as health insurance, not alone from the immediate effect upon its students, but from the 'viewpoint' which is being developed toward relationship of the individual toward society."